

Docent Program Application

Please return the completed application to:

**Docent Guild and Associates
of the Michigan Historical Museum
P. O. Box 10044
Lansing, MI 48901**

For more information, telephone (517) 373-9441.

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE (____) _____ (____) _____
(daytime) (evening)

List employment, community activities and/or volunteer work in which you are currently or have been involved:

Which of your interests, skills or hobbies might relate directly to the docent program?

Why would you like to be a docent?
